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Burnout Among Child Welfare Social Workers in Louisiana

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Kimberly Bainguel

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2019

Abstract

Burnout Among Child Welfare Social Workers in Louisiana

by

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MS, Southern University at New Orleans, 2014

BA, Southern University A&M, 2012

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

February 2019

Abstract

Burnout among child welfare social workers negatively affects social workers and the social welfare system. The purpose of this action research study was to explore what child welfare social workers do to alleviate burnout. The practice-focused research questions for this study center on two elements: (a) the experiences of burnout among child welfare social workers employed by the Department of Family and Children services in the southeastern region of the United States and (b) the social work practices used to alleviate burnout. The conceptual framework for this study was the Maslach theory on burnout. Action research study procedures were used to facilitate analysis of the research problem. Data were collected using semistructured questions administered to 6 child welfare social workers in a focus group. The selection criteria for the child welfare social workers were social workers who work for the department of children and family services for at least 6 months. The data were transcribed verbatim from an audio recording. Codes were assigned to the data and reliability checks were conducted. The themes that emerged from analysis of the data included workload, lack of influence on the job, lack of rewards on the job, negative social interaction, and value differences in individuals and their jobs. The findings of this study might contribute to positive social change by enhancing awareness regarding burnout in child welfare social workers and providing an opportunity for child welfare social workers and child welfare agencies to learn how to address causes of burnout in child welfare social workers in the southeastern United States.

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Dedication

I dedicate this study to all the social workers working in the Department of Children and Family Services who continuously sacrifice their time, family, and self to stand up for the safety of children. I also dedicate this to my husband, children, family, and friends who always had my back, believed in me, and supported me even when I wanted to give up on the process. Most important, I dedicate this to the children whose lives depend on the efficiency of child welfare social workers.

Acknowledgments

First, I thank God for giving me the energy to complete this process. I would also like to thank my committee, my chair, Dr. Valerie Quarles, my second committee member, Dr. Kristin Richards, the URR, Dr. Cynthia Davis and Dr. Debora Rice. Thank you for the time you all sacrificed to help in completing this journey. I thank my mother, April, for all your prayers, long days of babysitting, and teaching me that with God anything is possible. For that, I love you and thank God for you. To my brothers (Kendell, Aaron Sr., and Tony) and sister (Danyell), thank you for believing in me and supporting me. To my core (Ericka, Shenetra, and Fabian), you guys rock. Thank you, times a 1,000! To Joshua, Brooklyn, and Harper, thank you for understanding even at such young ages and for giving me a mommy pass on all the late nights and early morning. To my sweet mother-in love, Amanda, thank you for all your support and encouragement. To my personal prayer partners, Jasmine, Clarissa, Tanethia, and Danika, I will forever be grateful for all the prayers we shared to help encourage me to finish strong. Finally, to my awesome, sweet husband, thank you for your support and understanding and for allowing me to lack on wifely duties to tackle this beast. You are one of the most selfless people I know. I am grateful for the gift and love I have for you.

Table of Contents

List of Figures	iv
Section 1: Foundation of the Study and Literature Review	1
Problem Statement	3
Purpose Statement	4
Research Questions	5
Nature of the Project	6
Significance of the Study	7
Theoretical Framework	8
Values and Ethics	9
Review of Professional and Academic Literature	10
Burnout	11
Secondary Trauma	12
Stress	13
Organization Culture	14
Job Satisfaction	15
Section 2: Research Design and Data Collection	16
Methodology	17
Participants	18
Data Analysis	19
Ethical Procedures	20
Section 3: Presentation of the Findings	21

Data Collection	22
Data Analysis	22
Validation Procedures	24
Issues Experienced during Data Collection	25
Limitations	26
Participants' Demographics	26
Participants' Characteristics.....	26
Themes Identified	28
Theme 1: Workload	28
Theme 2: Lack of Influence on the Job	31
Theme 3: Lack of Rewards on the Job.....	32
Theme 4: Negative Social Interaction.....	34
Theme 5: Value Differences in Individuals and Their Jobs	36
Self-Care Journal Entries	38
Summary of Findings.....	39
Challenges and Improvements to Social Work Practices	40
Unexpected Findings	40
Summary	41
Section 4: Application to Professional Practice.....	43
Application to Professional Ethics in Social Work Practice.....	44
Recommendations for Social Work Practice	45
Improve Organizational Culture	46

Integrate Self-Care Efforts.....	46
Impacts on Social Work Practice.....	47
Transferability of the Findings.....	48
Usefulness of the Study	48
Limitations of the Study.....	48
Recommendations for Further Research.....	49
Dissemination of Findings	50
Implications for Social Change.....	50
Summary	51
References.....	53
Appendices.....	67
Appendix A: Informed Consent Information Sheet.....	68
Appendix B: Focus Group Questions	70
Appendix C: Flyer.....	72
Appendix D: Letter to Participant.....	73

List of Figures

Figure 1. Participants' Characteristics 27

Figure 2. Participants' experiences with engaging in self-care. 38

Section 1: Foundation of the Study and Literature Review

According to the Louisiana Legislative Auditor (2014), child welfare organizations should promote the safety, permanency, and well-being of children and youth who are at risk, referring to children who have a greater risk of dropping out of school or failing school (National Center for Education, n.d.) or who have been abused or neglected in Louisiana. The authors of the Child Abuse Prevention and Treatment Act (CAPTA) defined child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker, which results in death, severe physical damage, or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway, 2016, para. 2). In 2015, Louisiana had 46,002 referrals for child abuse and neglect cases, and of those cases, 25,364 were investigated (Child Welfare League of America, 2017). Although there are laws and policies in place to express the need of child welfare social workers Ellett, Ellis, and Westbrook (2007) postulated that child welfare has been inadequately funded and staffed. The inadequacies of staffing have significantly affected services. One factor leading to staffing deficiencies in child welfare workers is burnout.

The main purpose of child welfare social workers is to protect children from dangerous situations. These workers focus on restoring function to the social, physical, psychological, and emotional well-being of clients. However, researchers have found that stress experienced by child welfare social workers can lead to burnout (Lloyd, King, & Chenoweth, 2002; Schelbe, Radey, & Panisch, 2017; Wagaman, Geiger, Shockley, & Segal, 2015). Burnout is “physical or mental collapse caused by overwork or stress”

(Sehmi, 2013, p. 1). Burnout can cause anxiety, depression, anger, irritation, prolonged health issues, troubled relationships, and workplace issues (Jackson, 2014).

Freudenberger (1974) postulated that burnout can manifest as exhaustion, headaches, sleeplessness, quickness to anger, and closed thinking. Researchers have found burnout is long term and causes a lack of interest in work (Bakker & Costa, 2014; Guntern, 2017; Leiter, Bakker, & Maslach, 2014). Like Freudenberger's (1974) findings, Grossi, Perski, Osika, and Savic (2015) postulated burnout can also manifest as sleep impairments, cognitive disturbances, and neurobiological and physiological changes. Others have characterized burnout by a loss of benefits and a feeling of wanting to quit or give up (Maslach, 1982; Middleton & Potter, 2015; Schaufeli, Maslach, & Marek, 2017). In 2011, the International Statistical Classification of Diseases and Related Health Problems (ICD-10) classified burnout as a disorder. For this study, to burn out means to wear out or become exhausted by because of excessive demands on an individual's energy, strength, or resources.

McFadden, Campbell, and Taylor (2015) conducted a literature review of 65 studies to examine factors that contributed to resilience and burnout in child protection social workers. The researchers found that burnout in child protection social workers is a major concern because of the nature of the job. These researchers and others have shown the pervasiveness of burnout in child welfare social workers (Font, 2012; Lizano & Mor Barak, 2015). Burnout not only negatively affects the well-being of child welfare social workers but also negatively affects the child welfare organization (Bakker, Demerouti, & Sanz-Vergel, 2014).

For child welfare social workers, understanding burnout and its effects is critical; burnout affects the child welfare social workers as well as the children and families they serve (Wilke, Radey, King, Spinelli, Rakes, & Nolan, 2017). Burned out child welfare social workers can endanger the families they serve, which violates the social worker code of ethics. The code of ethics requires that social workers “do no harm” (National Association of Social Workers, 2008).

Problem Statement

In 2016, the average turnover rate of social workers in child welfare agencies ranged from 20% to 40% (Child Welfare League of America [CWLA], 2017), even though burnout has been studied for many years (Maslach & Leiter, 2016) a solution to addressing the relationship between burnout and a high turnover rate in child welfare social workers. However, little is known about the lived experiences of social workers employed by the Department of Children and Family Services in Louisiana. Studying the experiences of child welfare social workers in will help leaders in the state of Louisiana understand these workers’ situations. As a former family preservation therapist in Louisiana, I have recognized that social workers employed in child protection services provide social services and assistance to improve the social and psychological functioning of children and their families. In addition, child welfare social workers are to maximize family well-being and increase children’s academic functioning. I have observed the impact of burnout on child welfare social workers serving children and families.

Studies have shown that social workers are at high risk for experiencing burnout or job stress (Sánchez-Moreno, de La Fuente Roldán, Gallardo-Peralta, & Barrón López de Roda, 2014; Travis, Lizano, & Mor Barak, 2016), which has been linked to self-reported turnover in many professions (Shanafelt, Dyrbye, & West, 2017). In fact, within 8 months, at least five child welfare social workers employed by the Department of Children and Family Services reported they changed careers or quit their jobs, attributing their decision to burnout. The ramifications of burnout include psychological distress and poor retention of staff (McFadden et al., 2013). Walters (2017) reported,

In the past decade the Department of Children and Family Services has lost about 600 people on the frontlines of child welfare. . . . The highest rate in the area was at 50 percent for child welfare workers.

Clearly, burnout is a challenge for child welfare social workers and can have a detrimental effect on child welfare social workers' practices. However, to date, few if any researchers have addressed the problem of burnout among child welfare social workers employed by the Department of Children and Family Services in Louisiana.

Purpose Statement

Child welfare social workers are exposed to hazardous environments, such as difficult cases, organizational stress, and worker safety, which may cause them to experience burnout (McGuiness, 2015). The purpose of this study was to assess the extent of burnout among social workers working in a child welfare organization in Louisiana. To accomplish this purpose, I sought to identify specific themes related to child welfare social workers' self-care practices and levels of burnout. The findings of

this study might help child welfare social workers implement changes in their self-care practices.

Child welfare social workers are vulnerable to burnout because of poor working conditions, excessive paperwork, long hours, few opportunities for career advancement, and ineffective leadership (Travis et al., 2016). The rationale for selecting this topic was to add to the literature on burnout among child welfare social workers and to keep this issue at the forefront of the profession so that legislators may create or improve regulations regarding child welfare social workers thereby decreasing burnout among child welfare social workers.

Research Questions

The knowledge gained from this study contributes toward improving overall well-being of child welfare social workers and service delivery to children and families. I used the following questions to guide this study:

The primary research question was:

What factors contribute to burnout among child welfare social worker working for Department of Children and Family Services (DCFS)?

The sub questions were:

1. How does workload contribute to burnout among child welfare social workers?
2. How does the inability to influence decision relating to job duties contribute to burnout among child welfare social workers?

3. How does the lack of rewards contribute to burnout among child welfare worker?
4. How does negative social interaction contribute to burnout in child welfare social workers?
5. How do value differences in individuals and their jobs contribute to burnout in child welfare social workers?

Nature of the Project

I used a qualitative action research approach in this study to explore the practices of child welfare social workers. The central point of action research is to examine the practices employed by the research community of interest, gain an understanding of those practices, and implement an intervention, such as teaching coping skills, to mitigate problematic practices (Bresler, 1995). First, I conducted a focus group with social workers who hold the title of child welfare worker who work in the Department of Children and Family Services local office. To gather social workers' experiences with burnout, I collected data from volunteers in their own words using semistructured interviews and questionnaires. I used an action research methodology to collect the views and lived experiences of the child welfare social workers. Lewin (1946) conceptualized action research as the process of using "a spiral of steps, planning, action, and fact finding about the results of the action." Action research is a holistic approach with a reflective process that addresses an immediate issue through collaboration of researchers and participants. Reason and Bradbury (2008) postulated action research combines action and research through five key stages: problem identification, exploration, development of

strategy, gathering data, and acting and sharing the findings. Triangulation of data in action research adds rigor, reliability, and validity (Bradbury, 2015). Key concepts for the study include (a) burnout (to wear out or become exhausted by making excessive demands on one's energy, strength, or resources; Cherniss, 1980), and (b) child welfare worker, which refers to social workers who work in child welfare.

Significance of the Study

Child welfare social workers and agencies may use the findings from this study to implement policies to help alleviate worker burnout. In addition, this study may bring awareness of the severity of the problem to the local government in Louisiana. Over the past 10 years, the Department of Children and Family Services has lost over 600 frontline workers, including social workers (Walters, 2017). Further, engaging in this study may create partnerships with stakeholders across the state. This study may help to decrease the culture of burnout among child welfare social workers.

This study will add to the body of literature on burnout in the social work profession. In particular, the information learned from this study may benefit child protection workers employed by the child protection agency. The hope is that this study will help to decrease the culture of burnout within the organization.

Changes within the child protection agency are critical because of effects stemming from increased child welfare worker duties (Walters, 2017). Learning and addressing the causes of burnout can help retain valuable social workers (Smullens, 2012). Researchers who have studied burnout have found that it develops over time (Schaufeli et al., 2017); however, some child protection workers have reported burnout

occurred frequently (Anderson, 2000). Previous studies on burnout have shown why it is important to address burnout, but no current evidence-based intervention has been shown to alleviate burnout. Researchers have suggested implementing positive coping skills and employing cognitive behavioral interventions and self-care to engage social workers who are at risk for burnout (Kay-Eccles, 2012; Seidler, Thinschmidt, Deckert, Then, Hegewald, Nieuwenhuijsen, & Riedel-Heller, 2014). Conducting a study with child welfare social workers to address burnout provided relevant insight into the social work knowledge that benefits child welfare social workers and the children they serve.

Theoretical Framework

The theory that I used to support this study was Maslach's theory on burnout in relation to areas of work life, as measured by the Maslach Burnout Inventory–Human Services Survey (Maslach, Jackson, Rittschof, & Fortunato, 2016). Maslach et al. (2016) noted that burnout occurs as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. Maslach et al. (2016) developed a conceptual model of the burnout process that focuses on individual determinants of burnout. Six areas of work life can reveal significant mismatches between people and their workplaces (Maslach & Leiter, 2016). The six areas include workload, control, reward, community, fairness, and values (Boamah & Laschinger, 2016). The Maslach burnout theory shows how three dimensions—emotional exhaustion, cynicism, and inefficacy—connect to burnout. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) model has shown high significance in revealing the presence of burnout

(Kim & Ji, 2009). Maslach's theory aligns with my problem statement because it measures burnout and theorizes how burnout develops.

Values and Ethics

Burnout among child welfare social workers affects workers directly by interfering with their professional judgment and performance. Burn out jeopardizes the interests of people for whom child welfare social workers are professionally responsible. Values and ethics are an important aspect of the social work profession. Relevant values and principles set forth by the National Association of Social Workers (NASW) Code of Ethics (2008) include service and the importance of human relationships. In addition, the principle of impairment is relevant to this study. According to the 4.05 Impairment (a) and (b) rules in the NASW Code of Ethics (2008),

- a. Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
- b. Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others (paras. 5).

During this study, ethical values, principles, and standards were followed. In addition, I followed the guidelines set forth by the NASW regarding engagement with participants during the research process. For example, I am responsible for ensuring information shared by participants during this study remains confidential. Further, participants will be required to consent to the research before the research is initiated.

Review of Professional and Academic Literature

Literature on burnout has grown because of the consequences of burnout on child welfare social workers and clients. In this section, I review the literature on burnout among child welfare social workers. I retrieved the literature from various peer-reviewed journals published in the last 5 years. The review makes clear that although researchers are working toward providing solutions for the burnout problem, further research is needed.

Lizano (2015) postulated a need to study burnout and behavioral well-being among human service worker groups, which include child welfare workers. Nittoli (2003) found evidence that public child welfare workers experienced higher rates of burnout. Lizano and Mor Barak (2012) confirmed a link between burnout and turnover. In addition, researchers have studied the concept of burnout to mitigate increasing problems for child welfare social workers. Specifically, previous researchers have examined the concepts of burnout, secondary trauma, organizational culture, stress, and job satisfaction (Geoffrion, Morselli, & Guay, 2016; Salloum, Kondrat, Johnco, & Olson, 2015).

Because of the nature of burnout and the working conditions of child welfare social workers, many child welfare social workers experience burnout to the extent that it

impairs the services they provide to children and families (Lloyd, King, & Chenoweth, 2002). In addition, burnout can lead to an increased turnover rate in child welfare social workers (Kim & Mor Barak, 2015). Learning and addressing the causes of burnout can help retain valuable social workers (Smullens, 2012). Social scientists have postulated that burnout is unresolvable stress (Freudenberger, 1974) that reflects how individuals react to their environments or to stimuli (Lizano & Mor Barak, 2015; Vogus, Cull, Hengelbrok, Modell, & Epstein, 2016). Ultimately, burnout causes physical and mental degradation (Seidler et al., 2014).

There are gaps in knowledge about the use of social worker burnout interventions and about training social workers in handling prolonged stress stimuli that cause burnout. The literature review provided in this study shows various situations can lead to burnout. Several aspects of burnout among child welfare social workers need to be addressed. In the following literature review, I focus on concepts associated with burnout in child welfare social workers, including secondary trauma, stress, organization culture and job satisfaction.

Burnout

The concept of burnout has been used since the mid-1970s. Freudenberger (1974) conceptualized burnout as diminished emotional functioning, mental exhaustion, and an eventual loss of connection. In 1976, Maslach coined the term burnout after studying the experiences of employees. Burnout is considered a stress phenomenon caused by prolonged work pressure that exceeds the individual's ability to cope (Schaufeli et al., 2017). Maslach and Leiter (2016) postulated a conceptual shift in addressing burnout,

from a focus on the relationship between the dimensions of burnout to a focus on theories on burnout. According to Maslach (1982), three dimensions comprise burnout. The three dimensions to burnout are exhaustion, cynicism, and ineffectiveness. More recently, Brom, Buruck, Horvath, Richter, and Leiter (2015) identified that the most relevant link between burnout is the relationship people develop with their work life. Leiter and Maslach (1999) postulated that the six dimensions of work life associated with burnout are workload, control, reward, community, fairness, and values. Travis et al. (2016) postulated burnout as feelings of exhaustion resulting from overwhelming demands. Rhoetter (2013) reported that the first 5 years of employment are critical for people employed by social services agency because they are highly likely to experience burnout during this time.

Although the term burnout does not appear in any edition of the *Diagnostic and Statistical Manual of Mental Disorders*, it is currently recognized as a medical disorder in the ICD-10 codes (Z73.0-Burnout state of vital exhaustion; Probst & Skjaerven, 2017). In addition, a physician can diagnose burnout if the patient has experienced nervous exhaustion for over 6 months, including feeling exhausted and fatigued during the entire day (Probst & Skjaerven, 2017).

Secondary Trauma

Secondary trauma refers to stress caused by helping or wanting to help someone who is traumatized or suffering (Fogel, 2015). Diaconescu (2015), Gil and Weinberg (2015), and Hanae, Yoon, and Constance-Huggins (2016) investigated secondary trauma and social work burnout. Diaconescu predicted therapist distress by noting the

contributions of the therapeutic relationship, including empathy, unconditional acceptance, and congruence. Gil and Weinberg posited that the level of secondary trauma in social workers depends on their ability to adjust to emotional distress, which in turn depends on their coping skills. Hanae, Yoon, and Constance-Huggins found that social workers who counseled victims of trauma exhibited higher levels of secondary trauma than those who did not. Siegfried (2008) postulated that child welfare workers are exposed to secondary stress from helping children in traumatic or life-threatening events. Thus, secondary trauma can harm social workers and lead to burnout.

Stress

Researchers for the American Institute of Stress (2017) reported that stress is a highly subjective phenomenon. The Merriam-Webster (2017) online dictionary offered several definitions of the word *stress* involving constraining force or influence. Relevant to this study, stress can refer to “a constraining force or influence, such as . . . a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation” (Merriam-Webster, 2017, para. 1). Alternatively, stress is “a state resulting from a stress, especially one of bodily or mental tension resulting from factors that tend to alter an existent equilibrium, [for example,] job-related stress” (Merriam-Webster, 2017, para. 1). Kupst et al. (2016) claimed stress could hinder adherence to instruction and lead to health-damaging behaviors. In addition, prolonged stress leads to the development of health problems because of stress effects on autonomic nervous system activity (Raposa, Hammen, Brennan, O’Callaghan, & Najman, 2014; Steptoe & Kivimäki, 2012).

In the context of stress and child welfare social workers, Wilberforce et al. (2014) reported that stress occurs when child protection workers experience conflict and anxiety for their clients beyond their control. Child welfare social workers experience much stress (Winter, 2013). Travis et al. (2016) described child welfare as one of the most stressful professions. Antonopoulou, Killan, and Forrester (2017) reported that children and family social workers have high levels of stress, which link to burnout and retention problems in the social work profession.

Organization Culture

Organization culture refers to a system of shared assumptions, values, and beliefs that govern how people behave in organizations (Alvesson, 2012). Rick (2015) reported that organization culture influences how organizations do things, referring to the organization members' philosophies, attitudes, beliefs, behaviors, and practices. Shier and Handy (2016) found that aspects related to staff engagement and development and direction of executive leadership are important to employee development. Their research provided a conceptual model of interorganizational dynamics that supported the development of social innovation-oriented organizational cultures, which focus on new work and new forms of cooperation (Hernandez & Cormican, 2016). Boyas, Wind, and Kang (2012) found evidence to justify creating workplace interventions to mitigate job stress linked to burnout.

Job Satisfaction

Job satisfaction can be conceptualized in many ways. I defined job satisfaction as adopted from Hoppock (1957), who defined job satisfaction as psychological,

physiological, and environmental circumstances that motivate people to say truthfully if they are satisfied with their jobs. In other words, job satisfaction is the combination of mental, physical, and environmental factors that lead people to the true job satisfaction.

Shier et al. (2012) explained the relationship between social workers' satisfaction and turnover within the workplace. Griffiths and Royse (2017) noted that former child welfare social workers identified job dissatisfaction as a primary reason for leaving. Researchers have found job satisfaction leads to turnover but can also lead to the recruitment and retention of child welfare social workers (Griffith, Royse, Culver, Piescher, & Zhang, 2017; Schelbe, Radey, & Panisch, 2017). It is important to note job satisfaction is an important factor in child welfare social work. Lizano and Mor Barak (2013) found a strong correlation between job satisfaction and burnout.

Summary

A review of the literature has provided information on the five areas of work life that is stated to cause burnout in child welfare social workers. A solution to implementing change in these five areas of work life remains unaddressed by organizational child welfare leaders in Louisiana. The next section highlights how a focus group of child welfare social workers in will share the daily lived experiences of their profession.

Section 2: Research Design and Data Collection

Prolonged stress in child welfare social workers causes burnout (Travis et al., 2015), which affects child welfare social workers' well-being, turnover rate, and provision of services to children and families. Burnout can affect the safety of children and families served by the Department of Children and Family Services. The research questions guided this project:

The primary research question was:

What factors contribute to burnout among child welfare social worker working for Department of Children and Family Services (DCFS)?

The subquestions were:

1. How does workload contribute to burnout among child welfare social workers?
2. How does the inability to influence decision relating to job duties contribute to burnout among child welfare social workers?
3. How does the lack of rewards contribute to burnout among child welfare worker?
4. How does negative social interaction contribute to burnout in child welfare social workers?
5. How do value differences in individuals and their jobs contribute to burnout in child welfare social workers?

I used a qualitative action research study approach to explore the practices of child welfare social workers. To gather their experiences, data was collected from

volunteers in their words using semistructured questions during a focus group. I used Maslach, Lizano, and Mor Barak's (2015) theory of burnout to facilitate an understanding regarding child welfare social workers' experiences of burnout and their practices to resolve burnout. The central point of action research is to examine the practices employed by the research community of interest, gain an understanding of those practices, and implement an intervention to create change with problematic practices (Bresler, 1995).

Learning how burnout affects child welfare social workers provided vital information for effective interventions to help alleviate burnout of child welfare social workers. Key concepts in the research included prolonged stress, burnout, and possible intervention techniques.

I began the process of recruiting child welfare social workers, employed by the local DCFS office by sending an email invitation to child welfare social workers (Appendix C). The flyer included a brief explanation of the project and how to contact me to volunteer to participate in the study. I then emailed child welfare social workers who qualify for the study a participation letter. Child welfare social workers who qualified were then emailed a letter with more details of the project, along with a consent to participate form (Appendix A), and a demographic information page (Appendix B). Lastly, potential participants selected the best date and time for the focus group meeting.

Methodology

I utilized focus groups to collect data from social workers who work at a child welfare agency in Louisiana. The study sample consisted of social workers who hold the title of child welfare worker. I used a focus group meeting to collect data. The focus

group meeting included rapport building of the group by discussing demographics and background information. In addition, the participants expressed their experiences related to prolonged stress and burnout. I asked participants to describe their perspectives on burnout and discuss interventions they have used to cope with burnout. In addition, I asked participants to provide resolutions for the problems identified. Finally, the group implemented the use of coping skills identified for a week while working and then submitted a short journal entry of their thoughts on how implementing the technique affected their work day. Child welfare workers at any organizational level qualified to participant in the study.

Participants

I used purposive sampling to generate a sample of child welfare social workers who work at an agency in Louisiana. This agency is the only child welfare social agency located in Louisiana. I contacted current and previous child care social workers via email to invite them to participate in my study. Purposive sampling is a sample of participants thoughtfully, purposefully recruited to provide data to answer the research questions (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015). Only child welfare social workers are/were employed by the agency was selected.

Latham (2014) postulated that correct sample size has been reached when additional participants do not provide any additional information. Each child welfare social worker at the agency had an equal opportunity to participate in the study. Individuals were invited to participate through an email invitation. The first six participants who volunteered and met the criterion of being child welfare social workers

were chosen. Those six participants received the informed consent document. I instructed the participants to bring the signed informed consent form to the focus group meeting. The informed consent form provided the participants with information about the research project and research procedures.

I collected data for this research project using semi structured questions asked during focus groups. These interviews were audio recorded. The focus group took place at the local library in a meeting room. If any of the participants were to drop out before the focus group meeting I would have sent another email to the qualified participants to invite them to become a part of the study. All of the participants remained in the study.

Data Analysis

The purpose of the study was to hold a focus group to obtain information about child welfare social workers. Specifically, I used open-ended questions. I analyzed and presented the data using Atlas.ti, a data-analysis software tool. The Atlas.ti (n.d.) program is used to support the process of analyzing qualitative data (Frieze, 2014).

First, I prepared all the information collected for analysis. I transcribed the data verbatim. The next step involved organizing the data in the software. Next, using the software, I assign codes and identified themes and patterns. Researchers argue the next step in analyzing data is to ensure its reliability and validity (O'Connor & Gibson, 2003). The final step involved communicating the implications of the study. I enhanced the reliability of the study by using questionnaire data, my field notes, and doing member checks after I transcribed the data. Austin and Sutton (2014) argue that having several sources from which data is derived helps to enhance reliability in a study.

Ethical Procedures

If participants met the study criterion (working at an agency as a child welfare social worker), they could choose to participate in the study. Participants were informed that they were audio recorded. According to the NASW (2008) Code of Ethics, social workers engaged in evaluation and research should protect participants' anonymity and confidentiality.

The interview process took place at the local library in a private room. I used a coding system to protect the identities of the participants. I kept the data confidential. I stored all data collected during the study in a locked file cabinet to which I had sole access. Further, I took extra security measures for electronic media. These included password protections. I will keep all data collected from this study for a period of at least 5 years, as required by the university.

Summary

In this study, I collected data from child welfare social workers using a focus group, interviews, and a journal entry. I analyzed and presented the data using the Atlas.ti software. I informed the participants about the research through an informed consent document, which provided information to help them understand the research project, including the risks, limitations, and benefits.

Section 3: Presentation of the Findings

The two purposes of this action research study were to learn the extent of burnout among social workers working in a child welfare organization in Louisiana, and to explore how social workers addressed the phenomenon of burnout. The exploration of burnout among child welfare social workers took place with a focus group of six child welfare social workers who worked for the Department of Child Welfare in Louisiana.

In this section, I describe recruitment methods, data collection, and data analysis. In addition, I discuss limitations, as well as validation procedures and problems encountered during this study. Finally, I report the findings. Using the results of this qualitative research study, I sought to identify specific themes related to child welfare social workers' practices and levels of burnout.

Data Collection

For this study, I recruited child welfare social workers through public contact information. Using email, I sent potential participants invitations to participate. Data were collected through a focus group, in which I asked open-ended questions answered by the participants. I observed and audio-recorded verbal cues and responses during the focus group. In addition, I offered to hold one-on-one interviews with participants who felt they needed to share more information aside from the group. Finally, participants submitted a one-page report on the self-care activity of their choice and shared their thoughts on its effectiveness in their work.

The single focus group lasted 90 minutes. Six child welfare social workers participated in the group. One bachelor's-level social worker and five master's-level

social workers participated. Two were certified social workers. All the participants attested to working as child welfare social workers for a local child welfare agency in Louisiana. In addition, all confirmed they had worked for the agency for at least 6 months.

Data Analysis

In Section 3, I discuss data analysis techniques and research findings. Data collection occurred between September 30 and October 5, 2018. The focus group members contributed qualitative data regarding the extent of the burnout they experienced while working as social workers in a child welfare organization in Louisiana. Further, participants described how they addressed their burnout.

I audio-recorded the 90-minute focus group. I transcribed the recording using Atlas.ti and compared the audio recording and final transcript. None of the participants found it necessary to participate in a one-on-one interview. One group member reported, “I have said everything I needed to during the group.” The other group members also reported not needing to meet individually. One week after the focus group, the participants provided feedback on the self-care exercise by email. Examples appear in this section.

Recruitment for this project began September 14, 2018, after receiving approval from Walden University’s IRB to conduct research. To recruit participants, I sent an email with the flyer attached about the study to members in the directory for Department of Children and Family Services (DCFS) workers from Louisiana. Six child welfare social workers responded with interest to participate in the study. I email those social

workers the consent form. The email included a request for available times and dates to meet for the focus group. The location was already established on the consent form. After receiving the participants' availability, I sent an additional email confirming the time that worked for the majority of the group members.

I completed the analysis of the data using the Atlas.ti software. First, I prepared the data for analysis by transcribing word for word what I heard on the focus group audiotape into a Word document. Next, I explored the data to get a sense of participants' sharing. After completing that step, I assigned codes and labels to the data to locate the themes in the data. According to Sutton and Austin (2015), creating themes from data involves drawing together codes in a way that is more coherent. I engaged in this activity with both the focus group transcript and participants' self-care journal entries.

Validation Procedures

To validate this action research project, I applied several procedures, including member checking, triangulation, persistent observation, and a one-page journaling self-care reflection activity from the participants.

Member checking. According to Brit, Scott, Cavers, Campbell, and Walter (2016), member checking involves allowing participants to review their data or results of data analysis to ensure reports of their experiences are true and accurate. I invited participants to review the data after I transcribed them into Word to make certain the data were accurately interpreted. I also shared the data collected with the participants through email. Participants were able to express if any data needed to be clarified. None of the participants found it necessary to make changes to the transcribed data.

Triangulation. According to Cohen, Manion, and Morrison (2002), triangulation is achieved when the “richness and complexity of human behavior” can be analyzed from different standpoints (p.112). Triangulation can be seen within the study. Although all of the participants worked for the same organization, they represented different levels of social work—for example, bachelor’s level (BSW), certified social worker (CSW), master’s level (MSW), and licensed master’s level (LMSW). During the focus group, the six participants answered the questions in terms of their personal backgrounds, education levels, and job experiences.

For example, one participant shared her experiences and views from her 2 years of experience working as a child welfare social worker and LMSW. Another participant shared her views from the perspective of a BSW who had been working for the organization for 4 years. Thus, the data were being offered from differing views that identified identical experiences.

Continual observation. Kawulich (2005) wrote that continual or persistent observation of people’s behavior could produce knowledge about why people behave differently. I was able to practice Allen’s theory on continual observation during the focus group and through email during my communication with the participants after the group session. For example, I exercised this principle during the focus group by continuously observing the verbal and nonverbal cues of the participants.

Self-care reflection. Murray (2002) concluded that writing helps strengthen not only the mind but also the immune system. I facilitated this strengthening process by

asking the participants to write their thoughts and feelings after taking part in the self-care activity of their choice.

Issues Experienced during Data Collection

Few issues emerged in the process of collecting the data. Initially, I anticipated issues with schedules for the focus group session; however, all participants were able to meet on the day and time preferred by the majority of the participants. Issues arose in collecting the self-care reflective journal entries. One participant was unsure if the self-care activity was “good enough” for her to journal about. I assured her the choice of activity she chose was important because it was her truth. In addition, many of the participants believed self-care took time away from working on cases.

Limitations

During data collection in the focus group, some of the participants gave less information than did other participants when answering the focus group questions. I do not know the cause for their behavior. None of the participants appeared to be guarded, according to their tone and body language during the group session. The participants knew each other from engaging with one another during unit staff meetings or in passing in and out of the agency. I cannot determine if this situation affected the findings of the study.

Participants’ Demographics

I assigned each member a code name starting with *CWSW* (child welfare social worker), followed by a number. The participants consisted of five women and one man. Four of the participants were African American, and two were Caucasian. The

participants ranged in age from 20 to 50s. The participants reported working for the child welfare organization from one year to over 20 years. In addition, two of the six participants reported they had resigned and then returned to the organization. The participants were all currently working as child welfare social workers at the local office in Louisiana.

Participants' Characteristics

Study Participant Demographics

Participant	Age (yrs.)	Ethnicity	Gender	Experience	License
CWSW1	28	W	Male	3	MSW
CWSW2	27	AA	Female	5	BSW
CWSW3	24	W	Female	1	CSW
CWSW4	34	AA	Female	7	MSW
CWSW5	50	AA	Female	16	MSW
CWSW6	45	AA	Female	12	MSW

Note. W=White; AA=African American

Figure 1. Participants' experiences with engaging in self-care.

CWSW1 was a man with an MSW. At the time of the study, he had worked for the organization for 3 years. CWSW1 reported, "I took this job right after I completed my master's program." During the study, CWSW1 managed a caseload of 17.

CWSW2 was a woman with a BSW. She had worked for the organization for 5 years. CWSW2 started working for the organization because of “Title II funding” she received while in school. To receive the money, she had agreed to work for the organization for a certain number of years. She described her caseload as “heavy,” with 18 families. When asked to describe what she meant by “heavy,” she described cases that were high risk for mortality in children.

CWSW3 was a woman with a CSW who had worked with the organization for a little over a year. CWSW3 reported her current caseload was 20 cases. Prior to the study, her caseload had increased from 12 to 20 in a month.

CWSW4 was a woman with an LMSW who had worked for the organization since 2011. She reported resigning from the organization and then returning. She reported her caseload had been consistent at 17 cases for the previous two months.

CWSW5 was a woman with an MSW who had worked for the organization more than one time. She stated she had worked for the organization for 16 years. CWSW5 reported a caseload of 22.

CWSW6 was a woman with an MSW who stated she had worked for the organization for 12 years. At the time of data collection, her caseload was 20 cases.

Themes Identified

Six child welfare social workers participated in the focus group to share their experiences working for the Department of Children and Family Services in Louisiana. I asked semi structured questions to evoke participants’ responses. I used the information

gathered from the participants to locate major themes. Over 97 codes led to the identified themes described next.

Theme 1: Workload

Participants discussed workload several times. All six participants identified caseload as leading to mental and physical exhaustion on the job. The participants shared working caseloads of up to 22 clients. The theme of workload supports Research Sub question 1 (“How does workload contribute to burnout among child welfare social workers in Louisiana”) by identifying the experiences of the child welfare social workers that may lead to burnout. CWSW3 discussed how “heavy” caseloads led to prolonged stress:

Then we have clients who we recycle and our caseloads can go from 20 to 25 when we are really supposed to have 10 to 12 cases on our caseload. . . . I think the thing that leads to burnout the most is worrying about all the clients on my caseload. . . . High caseloads, high turnover rates, lack of support and resources have always been an issue for me. . . . It’s really hard to adjust because you are trained to work on 3 to 5 cases and immediately after training our caseload jumps to 10 to 15.

CWSW1, CWSW3, and CWSW5 discussed challenges related to having a caseload of 15 or more, causing challenges in their health. CWSW1 shared the need for more collaboration of staff and leadership: “I notice that when I need help the most, those who are in leadership don’t help out.” CWSW3 agreed with CWSW1’s statement: “One time I needed to take off from work and no one on my unit did any work on my caseload.

Yes, they called to check in with my families but that's it, my work just piled up."

CWSW5 supported CWSW3's comment:

We don't communicate like we should, we should be helping each other on difficult cases . . . at least discussing them but we have so many at one time, with a bunch of paperwork. . . . We don't have time to collaborate and really support each other.

This conversation among participants showed the need for improvement in collaboration between leaders and child welfare social workers who provide services to children and families.

Several participants pointed out how having caseloads of over 15 children and families caused them to avoid considering taking time off because of fear of having twice as much work upon their return. CWSW2 reported a direct effect on her health because of overworking:

I would always say I didn't want no one working my case, trying to hang in there in spite of what my physical body was telling me [tired]. I then sat down and talked to a few of my family members; [my daughter] was the one to tell me "Mama, please slow down, I know you love your job and children, but know that if something happens to you, [you are replaceable]." I knew this but continued to work, I feel I had no choice, I had a caseload of 22 children and that's not including their parents. I put this job before everything: self-care, health, and family. It was finally recommended by my physician to find something less stressful after continuous appointments leading to stress.

Similarly, CWSW5 indicated her thoughts and feelings on taking time off and explained why she felt her caseload would not allow it:

Leadership always say with their mouth, take a mental day, but when I take a mental day, they would inform you that this or that had to be completed. So, I really feel if they gonna call me all day while I am off about a case, then I might as well be at work, at least I would get to go and see my families.

Overall, participants identified high caseloads as causing issues that led to their experiences of burnout.

Theme 2: Lack of Influence on the Job

The second theme developed from the child welfare social workers data was their perceived lack of influence on the job or lack of control on the job. This theme supports Research Sub question 2 (“How does the inability to influence decisions relating to job duties contribute to burnout among child welfare social workers in Louisiana?”)

Participants discussed their thoughts and feelings regarding how their lack of influence on their jobs led to prolonged stress. For example, CWSW4 described how her lack of influence caused her to have excessive stress:

I remember I had to go to Ville Platt, LA [2 hours from my home], to make contact with one of my children, take him shopping, etc. I returned back at 4:30 p.m., which was my time to get off, but I was worker of the day, so one of my coworkers was trying to assist me while out of town because she was one that had to go out of town with me due to a child entering into care, but I was contacted by a supervisor and was told we couldn’t go together because they wanted her to

travel with someone else so that they [the supervisor] wouldn't have to go. I returned, back got into another state van, and headed to Lake Charles, no complaining, just placing this child and moved forward. I returned back to at 12:30 a.m.

CWSW1 shared how the lack of control led to prolonged stress for him:

There was a time I worked with a single mother who had some mental health limitations. Her child had several failure-to-thrive diagnoses, and I felt that she needed a crisis plan until she had help with the basics, like how to read the formula labels to make sure she was preparing the baby bottles correctly before she was left alone with her or at least locating some family support. The judge didn't agree and then four more failure-to-thrive diagnoses later, a butt load of paperwork, and over 15 visits to the home, the judge finally decided to place the child in kinship care until the mom was able to focus on learning parenting skills. It's that kind of lack of control that adds unnecessary pressure.

CWSW3 discussed her feelings concerning lack of control on the job and stress that led to burnout:

On this job, it calls for one to be more than just flexible. I think they mask the lack of control under the blanket of lack of control. I feel workers are the most knowledgeable when it comes to the needs of their children and families, yet their opinions are the least valued and respected. Imagine working the number of hours of a child welfare worker and appear in court and be told what needs to happen, how you need to make it happen, and how much time you have to make it happen,

without even asking you, the professional, if it is even necessary or who would benefit from it and who would not.

Theme 3: Lack of Rewards on the Job

The third theme reflected participants' desire for rewards on the job. The theme supports Research Sub question 3 ("How does the lack of rewards contribute to burnout among child welfare worker in Louisiana?") Throughout the focus group, numerous participants expressed feeling unappreciated for their work by organization leaders. Additionally, participants said they did not expect large rewards but instead sought simple things that could help with relieving the pressure and stress they faced daily. For example, CWSW6 shared her views on how rewards on the job could help alleviate her burnout:

Every day I go to work, I try to go the extra mile, and when I make it home, and majority of the time, I question, I wonder, would I feel better about my day if my work would have been acknowledged just a little bit. Many people here have the attitude of, my direct deposit is reward enough, but that's not always true, for me anyway. If it was all about pay for me, I would have gone to school for something else. Validation is a powerful tool, when used correctly. It does something to people when they are rewarded for doing a good job.

CWSW4 expressed her opinion on the lack of rewards on the job:

I can agree with CWSW6, we are expected to do more work with no reward, outside of our check. Sometimes I dread going to work. It can be very dissatisfying. Or, on the other hand, you see those who are well connected get

rewarded. It makes me feel like, damn, I do more than she does in an entire week, why is she being recognized during the meeting. When I start feeling like that, I must remind myself that I have a job to do and that's it. I try to learn to validate myself. If not, I find myself looking for reasons to call out and not go to the office.

CWSW1 spoke on the importance of organizational leaders addressing lack of rewards:

I have worked in other high-stress environments outside of this agency. Leadership in that agency would do morning recognition, just a simple word saying we appreciate what you do. It gave me a sense of satisfaction . . . like my work was important. Sometimes it's hard to see because we have clients who cycle in on our caseload. At the end of the day, it's like all this work we do and not only do leadership not see it but it's not working with the clients either, because here they are yet again. This is just one of those things that has an adverse effect on my job satisfaction.

Theme 4: Negative Social Interaction

The participants shared that working as child welfare social workers was challenging. They were often called on to work long hours, accept low pay, and drive long distances. Another theme that emerged during the focus group was negative social interaction. This theme addresses Research Sub question 4 ("How does negative social interaction contribute to burnout in child welfare social workers?") CWSW3 responded by sharing her experiences of working with a negative work culture and described how it contributed to stress and burnout daily:

We are put in units. The unit you are placed in is supposed to act as a support system, but it's not like that at all. It's one thing to not feel safe in the field but then to come into the office and still feel unsafe, unsure if someone is going to stab you in the back [figuratively]. People will throw you under the bus for no reason at all. It's really crazy. So, knowing that I can't really go to my unit when I am behind and ask for help or even talk out a serious case is draining and stressful mentally. Not to mention most of the supervisors are paperwork driven so I would avoid the office because there is always somebody hounding you about a piece a paper. They ask you for paperwork before they even say good morning.

CWSW6 stated:

I think the atmosphere in the office lends itself to brown nosing and cliques. It just feels as if we are expected to leave our personal feelings at home and focus on the numbers. It's like a cycle; those in upper management jump on the supervisors and in return the supervisors jump on us. I think the culture of the organization will always be like walking on eggshells. I think this job is difficult enough to have to deal with negative social interactions.

CWSW1 described his issues related to negative social interactions at the organization:

I don't mean to sound a certain kind of way but it is very difficult working with a lot of woman being one of a few men in the office plus the stress of this job. I must be honest and say that although I have not felt the hostility that some of my current coworkers are experiencing, I have witnessed how it causes damage. I had a friend working for the organization who could not get along with her unit

supervisor and another person on the unit. My friend wasn't in their clique. They didn't support her when needed, on cases or anything, and she finally came to the point where she quit. Personally, I try to get in and out the office because it can be a bit much.

The other participants responded verbally with agreement to CWSW1's statement. They reported feeling they would prefer to stay away from the office to avoid more negativity and stress.

Theme 5: Value Differences in Individuals and Their Jobs

Participants used code words such as *different values* and *opposing sides* and expressed views such as "What they think is right and what I believe is right." These statements led to the final theme, which supports Research Sub question 5 ("How do value differences in individuals and their jobs contribute to burnout in child welfare social workers?") Participants discussed how value differences had become an increasing challenge that worsened stress on the job. All the participants agreed that they must hold not only their personal values and the agency's values but also the values of their licensure board (NASW). CWSW5, CWSW2, and CWSW6 discussed how they expected their concerns regarding value differences to be ignored, which exacerbated stress and burnout for them. CWSW5 said:

In my opinion, values can be different; however, the mission must be the same in order to avoid burnout and be successful. Also, there are a lot of systems that work together to contribute to the child welfare system, such as the juvenile justice system, the local government, and court-appointed special advocates. All

of these systems have different values and different jobs and make decisions that affect the lives of the children and families and task of workers, and when on opposing a side, which is mostly the case, this leads to burnout. The juvenile justice system is not designed to value families, they value justice. The local government is not designed to value families, they value maintaining a budget. The court-appointed special advocates program is not designed to value families, they value kids only. With all of these different values and roles, workers are put in a position to meet the demands of several systems with limited manpower, time, and resources; this not only negatively affects the children and families but it leads to worker burnout.

CWSW2 gave her thoughts regarding how value differences contributed to burnout:

I agree, we are made to work with all of these systems, who [members] have their ideas of what they want us to do with the families we serve by any means necessary. Imagine standing before the judge who has a negative idea of our values as an agency. They automatically disregard what we think is right for the child. For example, I stood before a judge who told me all our agency likes to do is remove children from their families, when in actuality, our mission and role as an agency is the total opposite. I took this job because of how much I care and value healthy families, not because I hate seeing families together.

CWSW2 reported how value differences on the job caused her prolonged stress:

It can be the simple things like this that can cause someone to be dissatisfied with work and feeling the pressures that leads to burn out. For so long, I didn't realize

the signs of burnout until I had a situation happen at work that I feel falls in with what we are talking about. I was working with a family. I feel that I should be working from a strengths base when assisting families. On the other hand, like I mentioned earlier, I was told no, it's not what the family wants, it's what we say. That was hard for me because I feel they were not meeting the family where they were. These are things I was taught in school, but I have this system saying no, it's my way or the highway. It may seem small but the family had a lot going on. This case actually ended up with me having to take medical leave because of how stressed I had become.

Self-Care Journal Entries

Figure 2 shows excerpts from journal entries submitted by the participants a week after the focus group. A majority of the participants agreed the self-care activity itself was hard to do. Most of the participants felt they were not using their time in the best way. All the participants indicated self-care was an afterthought, something they did not often get to practice. In addition, participants noted that work was often a factor in participating in self-care.

CWSW1	<i>"I always thought self-care was important so for my activity I took a mental health day but, I didn't enjoy it because the office called me throughout the day with questions"</i>	CWSW2	<i>"Well, I enjoyed doing my self-care activity. I went shopping but I did find myself thinking throughout the day about cases I had to complete work on."</i>	CWSW3	<i>"I am not sure if my self-care activity really counted, but I decided to have a real lunch, outside of my car. Of course, I fell behind with my day, but I felt good."</i>
CWSW4	<i>"For my self-care activity, I decided to put limits on when I would end my work day. My supervisor seemed a little upset but she said she understood"</i>	CWSW5	<i>"I really tried to participate in self-care this week, but I am already behind on some dates so the thought of rest was more stressful."</i>	CWSW6	<i>"I really enjoyed doing some self-care, I took a few hours to walk around a store. I may not be able to do that often, but it felt pretty good."</i>

Figure 2. Participants' experiences with engaging in self-care

Summary of Findings

Self-care activity, journal entry

The data gathered from the experiences of the participant's self-care journal were coded into the Atlas.ti software. Several themes arose from the coding of the entries from the participants. Those themes consisted of unrealistic ideas of self-care and fully engaging in self-care activities. The participants sent their responses individually, on separate days via email.

Participants' commented success and failures in their journal entry of their experiences doing a self-care activity of their choice. It is reflected the participants provided data showing failures to engage in self-care from an organizational and individual perspective. For examples, CWSW1 reported in his journal in the following:

For my self-care activity, I took the day off. I went to a spa and planned on going to the movies. It was great at first, until I began to receive calls from the office about a case going before the judge the following week.

While another participant, CWSW5, reported failure to engage in self-care from an individual prospective in the following:

I chose to use a mental health day and rest at home, for my self-care activity.

After a few hours at home I began to think about the things I needed to do at work and instantly felt stressed and could no longer rest. It was a crazy day off for me.

Meanwhile, CWSW6 felt his self-care activity was successful. He responded in the following:

I am so glad I decided to do this...I did something so simple to change up my day but it was worth it and I felt the difference at the end of my day. I plan on getting in the habit to engage in self-care more often.

In conclusion, participants revealed their thoughts and feelings about self-care.

The participants revealed there were factors involved in how effective engaging in self-care was to them on a personal level. Although some participants found it difficult to participate in self-care other participants found it enjoyable and necessary. It is important to note this data provided vital information about these child welfare social workers and self-care.

Challenges and Improvements to Social Work Practices

Unexpected Findings

During the study, all the participants disclosed that although the job was stressful and caused issues with their personal lives, they loved working with the families they served. I found that although the participants reported negatives about working with the agency, they also believed they were good at their jobs. Even though the participants

shared how much they lacked (job support, pay, resources), they still believed that working as a child welfare social worker was the job for them. Maslach and Leiter (2016) found that one of the major causes of burnout could be linked to job mismatch. In other words, people burn out because they work in a job for which they are not suited. The participants in this study spoke in opposition to Maslach and Leiter's argument. The participants believed they were effective child welfare social workers who enjoyed their jobs. In addition, they believed burnout at their agency stemmed from forces inside and outside the agency system.

Summary

Section 3 provided an introduction and descriptions of recruitment methods, data analysis techniques, validation procedures, and participant demographics. In addition, in this chapter, I discussed issues with the data collection process and presented the themes found in the research in relation to the research questions.

The findings from the focus group show that child welfare social workers who worked with children and families at the local agency required attention to prevent burnout. The six child welfare social workers worked in a fast-paced environment. In this type of environment, they experienced long hours, low pay, and long hours of driving, which translated into prolonged stress and potential burnout. The six child welfare social workers recognized several challenges when working in the agency, including workload, inability to influence decisions related to their jobs, lack of rewards, negative social interactions, and value differences between individuals and their jobs.

In the same regards the findings from the self-care journal activity shows there is a connection between engaging in self-care depending on both individual and organizational factors. The next section provides a brief review of the purpose along with the nature of this capstone project. In addition, the following section provides application to professional practice, professional ethics in social work, recommendations for social work practice, clinical social work practice, dissemination of the findings and implications for social change.

Section 4: Application to Professional Practice

The purpose of this action research study was to explore the experiences of child welfare social workers who worked for the local child welfare agency. Child welfare social workers frequently experience prolonged stress, leading to turnover and burnout from daily job practices (Berlanda, Pedrazza, Trifiletti, & Fraizzoli 2017). To date, child welfare social workers have contended with inadequate information regarding how to address and alleviate burnout.

To understand child welfare social workers' practices and experiences of burnout, I used a qualitative action research approach. I sought to acquire information from child welfare social workers who worked directly with children and families through the local Department of Children and Family Services (DCFS) agency.

In this study, I explored child welfare social workers' experiences with burnout, learned about burnout's common causes, and discovered ways these particular social workers addressed burnout. Themes based on the theoretical approach included: (a) workload, (b) inability to influence decisions related to job duties, (c) lack of rewards, (d) negative social interactions, and (e) value differences in individuals and their jobs. In addition, I analyzed the data from the participants' journal entries and found their expectations of their jobs influenced their decisions outside of work, including their self-care activities.

The findings of this action research study could contribute to knowledge in the social work field by enhancing awareness regarding burnout in child welfare social workers and by showing links to causes of burnout. Child welfare social workers are

faced with daily challenges that can lead to burnout. The goal of this research was to explore the experiences of child welfare social workers with burnout and discover how they coped.

Application to Professional Ethics in Social Work Practice

The findings of this study could influence professional ethics in the social work practices of the NASW (2017) related to child welfare social worker burnout, in particular, the principles of service and the importance of human service. The principle of impairment (a) and (b) rules NASW (2017) is relevant to this study. Findings related to prolonged stress, burnout, and self-care could be used to help alleviate these issues in child welfare social workers. The principal of service and the importance of human service from the NASW code of ethics, reflects how social workers relate to the children and families they serve (NASW, 2017). The impairment of social workers is relevant in terms of social workers' ability to work free of personal problems or psychological distress. Interference in these areas can affect performance. Adjustments to social worker caseloads and policies regarding mental health days, and staff support should be taken to protect clients.

I considered the NASW code of ethics, principles, and values during data collection and analysis. Understanding burnout among child welfare social workers and discussing practices and experiences may help lessen feelings of prolonged stress, burnout, and other health-related issues connected to working in child welfare.

Recommendations for Social Work Practice

Based on the findings collected in this study of six child welfare social workers' experiences of burnout, centered around: (a) How does workload contribute to burnout among child welfare social workers; (b) How does the lack to influence decision relating to job duties contribute to burnout among child welfare social workers; (c) How does the lack of rewards contribute to burnout among child welfare worker; (d) How does negative social interaction contribute to burnout in child welfare social workers; (e) How does value differences in individuals and their job contributes to burnout in child welfare social workers.

This study provided an opportunity for child welfare workers to express their thoughts, emotions and lived experiences related to burn out and self-care. The participants in this study has expressed the setting in which they work is unpredictable, complex and stressful that links to the five areas of work life. I recommend leadership and stakeholders of this organization focus on the organization's work culture.

According to Maslach and Leiter (2016), one way to address burnout is to identify the areas of mismatches and then complete an individualize plan to address those mismatches. For example, the participants pointed out "heavy" workload as an issue. Heavy workload would be considered a mismatch and should be addressed on an organizational and individual level. Organizational leaders can address "heavy" workload by implementing shared collaborative efforts on problem cases. Child welfare social workers can address this mismatch by participating in a self-care activity.

Overall, there is a need to address burnout and the issues that are a direct link to burnout. Using evidence based research, such as Maslach and Leiter, can alleviate burnout in child welfare social workers. Until these areas of work life mismatches are addressed child welfare social workers will continue to be affected by burnout.

Improve Organizational Culture

Researchers have indicated emotional exhaustion and employee disengagement from individual and organizational culture may lead to exit behavior and turnover (Travis, Lizano, & Mor Barak, 2015). During the focus group, the participants voiced concerns about their work environment. For the participants, work culture included caseload, negative social interactions, and support. According to the participants, at the time of this study, the managers of the child welfare agency in were becoming more aware of the need to create policies to promote an organizational culture that provided more support and caused less stress. It is important for agency leaders to create more opportunities for child welfare social workers to build relationships within the organization.

To address the concerns mentioned by the participants, I recommend interventions be implemented to ensure social workers who handle high caseloads receive the support they need from leaders. In addition, team-building activities should be implemented to address negative social interactions within the agency. Intervention methods can include recognition boards and a buddy system to provide support with difficult cases. Implementing these interventions could help child welfare social workers cope with prolonged stress and burnout in a healthier way.

Integrate Self-Care Efforts

Participants shared their thoughts on self-care through a one-page journal entry. Participants said they found it difficult to engage in self-care. Some said it was hard because of individual and organizational issues. For example, CWSW1 reported it was difficult to engage in self-care and take a mental health day because “the office called throughout my day off.” Similarly, CSWS5 found it difficult to engage in self-care because mentally she was focused on paperwork deadlines. Salloum, Kondrat, Johnco, and Olson (2015) recommended self-care to child welfare workers to restore health and protect against negative work environments.

A suggested solution is to implement structured policies on self-care and mental health days. The participants pointed out that the majority of the information they learned about burnout was from colleagues outside of the organization. Therefore, it is important that agency leaders provide training on self-care and awareness about the warning signs of burnout. Leaders should encourage child welfare workers to take mental health days after working difficult cases. Participants reported they believed more time off from work to be with family, travel, and laugh would help to reduce prolonged stress and burnout.

Impacts on Social Work Practice

This study produced information on the learned experiences of child welfare social workers in Louisiana. Participants expressed their need for more support, improved organizational culture, and increased self-care. These findings could affect the way services are provided to children and families in the community in Louisiana. In an effort to assist child welfare social workers, I anticipate taking on the role of supporting the local child

welfare agencies by volunteering my time to make presentations to community stakeholders about the importance of preventing burnout in child welfare social workers.

Transferability of the Findings

The purpose of action research is to find resolution to an immediate problem (Stringer, 2007). This researcher was attentive to child welfare social workers in Louisiana. Data collected from this study resulted in information about burnout and things contribute to burnout in child welfare social workers. Lastly, this action research study provides information on self-care and its effectiveness in addressing burnout. It is important to note the information gathered from this research can provide information to help improve and support child welfare social workers.

Usefulness of the Study

I looked at the challenges faced by child welfare social workers. The participants discussed how work culture (case load, lack of support, negative interactions, lack of influence, and lack of rewards) leads to burnout daily. If each child welfare organization would consider focusing on addressing these areas and collaborating more with all systems involved in child welfare (judges, parole offices, school, law enforcement) as well as providing more support to child welfare social worker burnout will decrease.

Limitations of the Study

In this research study, I addressed child welfare social workers' experiences in working for a child welfare agency. The participants all worked for the agency over 6 months. There are limitations to this study because child welfare policies and procedures vary from state to state.

Recommendations for Further Research

Further research is needed to focus on how addressing organizational (workload, lack of rewards, lack of influence in decision making, negative social interaction) and individual (self-care) input can affect child welfare social workers and burnout. In addition, I focused on a smaller sample size. Increasing the number of participants can provide more information needed to assist in seeing if addressing one input (organizational or individual) over the other is more beneficial.

Application to Clinical Social Work Practice

I employed an action research approach in partnership with child welfare social workers from my community to assess burnout. I used 5 research subquestions were addressed in this study: (a) How does workload contribute to burnout among child welfare social workers? (b) How does the inability to influence decisions relating to job duties contribute to burnout among child welfare social workers? (c) How does the lack of rewards contribute to burnout among child welfare worker? (d) How does negative social interaction contribute to burnout in child welfare social workers? and (e) How do value differences in individuals and their jobs contribute to burnout in child welfare social workers? As mentioned, my recommended actions for child welfare workers are to improve the organizational culture and integrate self-care efforts. These findings may be transferrable to clinical social work practice. The information communicated by the child welfare social workers in this study may lead to solutions that educators can use to teach others inside and outside the field of social work.

These findings can be applied to encourage the provision of more support for child welfare social workers. All the participants described the lack of support they received, not only from their agency but also from other systems they worked within, including judges, teachers, and parole officers. In the literature review, I identified the ways burnout negatively affects child welfare social workers. Improving organizational culture and promoting self-care could give child welfare social workers the opportunity to alleviate burnout.

Dissemination of Findings

I will give the findings of this action research project to the participants by way of an emailed one-page summary. The presentation of this capstone project will allow the participants to review the findings and recommendations of the study and determine if they would like to advocate for change within their organization. In addition, the study findings may be available in a peer-reviewed journal.

Implications for Social Change

Implications for social change on a direct practice level include child welfare social workers' ability to work efficiently in a high-stress environment, avoiding burnout. Learning to avoid burnout by using the recommended efforts can give child welfare social workers an opportunity to cope with daily stresses in a healthier way. Implementing organizational culture change and self-care suggestions gives a safer alternative to burnout for child welfare social workers.

Discovering social change from a mezzo (working with smaller groups and institutions) level includes assessing changes in service delivery from all systems to

which child welfare social workers provide services. The challenges of working as child welfare social workers affect communities directly. These challenges include caseload, lack of influence in decisions relating to the job, lack of rewards, and value differences in individuals and their jobs.

From a macro level, children and families may benefit from child welfare workers who improve service delivery because of changes within the child welfare system.

Burnout is a major problem for child welfare and social services because of dissatisfaction at work, which leads to high turnover rates in child welfare social workers (Berlanda, Pedrazza, Trifiletti, & Fraizzoli (2017). If improvements are made because of this study, child welfare agencies may begin to see a decrease in burnout and turnover rates for child welfare social workers.

Summary

Child welfare social workers are tasked with enhancing the lives of children and families. This opportunity usually comes with a fast-paced job demanding long work hours, high caseloads, negative social interaction, and a lack of rewards and support, which can lead to burnout. Burnout in child welfare social workers in Louisiana needs improvement. Child welfare social workers who participated in this capstone project revealed their experiences and described the daily challenges they believed led to burnout.

Six child welfare social workers articulated their feelings and thoughts regarding burnout. In addition, the social workers provided self-reflections on self-care, indicating the importance of promoting proper self-care. To address burnout in child welfare social

workers in Louisiana, organizational culture and self-care must be addressed. Child welfare agencies must acknowledge and implement necessary changes to address burnout.

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Appendix B: Focus Group Questions

Study Participant Code _____

Date _____

Demographics

The purpose of this study is to explore the perspectives of working child welfare social workers. The focus group will take 90 minutes and your answers will be audio recorded and used for research purposes.

The following questions are general information about you.

1. What is your licensure level? a. BSW (1) b. MSW (2) c. LMSW (3) d. LCSW (4) e.

CSW

2. How long have you been working as a child welfare social worker?

____ years ____ months

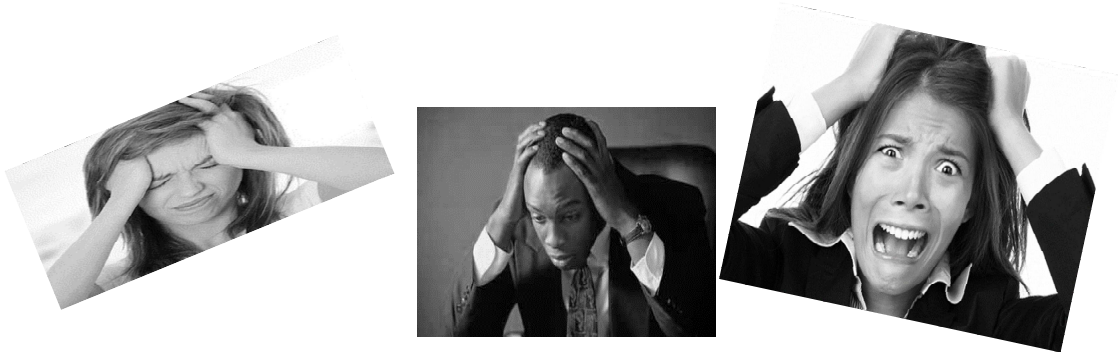
Qualitative Questions

The following questions are related to your professional experiences as a child welfare worker. Please speak clearly. Your responses to these questions will be audio recorded for transcription later.

TURN ON DIGITAL RECORDER.

1. Please introduce yourself to the group and share your level of education and or any expectations you had when applying for your current position?
2. How do you define burnout?
3. What do you think about burnout, prolonged stress, and your job duties?
4. What problems do you see associated with your job that can lead to burnout?
5. Where do you get relevant information on coping with burnout?
6. If you could make any changes in how you practice as a child welfare social worker what might those changes look like?

Appendix C: Flyer



Not a Parish DCFS affiliated research study

THIS STUDY IS BEING CONDUCTED FOR A WALDEN DOCTORAL STUDY

PARTICIPANTS ARE NEEDED FOR A RESEARCH STUDY IN THE FORM OF A FOCUS GROUP

Seeking Child Welfare Social Workers who have worked at least 6 months with the agency to participate in a research study about the lived experiences of Child welfare social workers and burnout.

Please contact this researcher at the information below.
Further details will be provided upon contact: *Contact information removed for publication purposes.*

Appendix D: Letter to Participant

My name is Kimberly Bainguel, LMSW. I am a master's level social worker (LMSW) and doctoral candidate. I wish to conduct a study regarding understanding the experiences of burnout in social workers working for DCFS. My research has little to no harm or risk involvement in participating, where as participants will share their experiences working as a DCFS social worker. I am ready to recruit potential participants.

I believe that your time is important and I appreciate your consideration to participate in this study. To fully understand your experience, we will need to meet for approximately an hour and a half. The study will consist of you participating in a 90-minute focus group, an additional one on one 30 minute interview if you find it necessary to share more information about the focus group questions and one journal entry on the effectiveness of using a coping skill of your choice returned via email. The meeting will take place at the Goodwood library. The meeting will be audio recorded for later transcription and data analysis. The meeting is designed to become acquainted with you and other child welfare social workers and your experiences as a child welfare social worker. All information gathered during our meetings will be kept strictly confidential.

Contact information removed for publication purposes.

Kimberly Bainguel
Doctoral Candidate
Walden University